

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 JAN 11 PM 2:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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****158.75 ****158.75

2001 UDR

DOCUMENT # Y01000001683
1. Corporation Name
WORLD LODGE CORP.

2. Principal Office Address <u>1535 Lenox Ave</u> Suite, Apt. #, etc. <u>8</u> City & State <u>Miami Beach, FL</u> Zip <u>33139</u> Country <u>USA</u>		3. Mailing Office Address <u>1535 Lenox Ave</u> Suite, Apt. #, etc. <u>8</u> City & State <u>Miami Beach, FL</u> Zip <u>33139</u> Country <u>USA</u>	
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4. Date Incorporated or Qualified To Do Business in Florida <u>12/27/2000</u>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. FEI Number <u>65-1068508</u>		
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status		

7. Name and Address of Current Registered Agent

Name <u>Rumber, Frank</u>
Street Address (P.O. Box Number is Not Acceptable) <u>1535 Lenox Ave</u>
Suite, Apt. #, Etc. <u>8</u>
City <u>Miami Beach</u>
State <u>FL</u>
Zip Code <u>33139</u>

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Frank Rumber REGISTERED AGENT MUST SIGN Date 12/01/2001

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
✓ D	<u>Travacio, Mariana</u>	<u>1535 Lenox Ave # 8</u>	<u>Miami Beach, FL 33139</u>
? D	<u>Blay, Pablo</u>	<u>1535 Lenox Ave # 8</u>	<u>Miami Beach, FL 33139</u>
S D	<u>Rumber, Frank</u>	<u>1535 Lenox Ave # 8</u>	<u>Miami Beach, FL 33139</u>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Frank Rumber, 12/01/2001 305-6724700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR25081 (8/00)

Worldlodge Corp.
1535 Lenox Avenue, Suite 8
Miami Beach, FL 33139-3357
305-672-4700
www.worldlodge.com

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12/3/01

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Corporation Reinstatement: Waiver of fees

Ladies and Gentlemen:

Herewith we apply for a waiver of reinstatement fee due to non received forms.

We have attached the 2001 Uniform Business Report and the Reinstatement Form.

Attached is also a check for the amount of **\$158.75** (Annual Repot Fee \$61.25 + Corporate Supplemental Fee \$88.75 + Certificate of Status Fee \$8.75).

Sincerely,



Frank Rumler
Registered Agent
Worldlodge Corp.